

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27922

FILED SEP 11 1941

State File No.

Registration District No. 98

Primary Registration District No. 4060

Registrar's No. 13

1. PLACE OF DEATH:

- (a) County Caldwell
 (b) City or town Kingston, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community years, months or days)

3. (a) PRINT
FULL NAMEMaudie Mary Harlow3. (b) If veteran,
name war3. (c) Social Security
No.467-14-88664. Sex 715. Color or
race W6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife

Fred H. Harlow6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

February 6 - 1868

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

73419

hr. min.

9. Birthplace

Hamilton

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Salisbury

11. Industry or business

12. Name Marcus Morton13. Birthplace unknown

(City, town, or county)

Ohio

(State or foreign country)

14. Maiden name

Margaret Hill15. Birthplace unknown

(City, town, or county)

Canada

(State or foreign country)

16. (a) Informant Netta M. Jewell

(b) Address

Kingston, Mo.17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof 8-27-1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Hamilton Cemetery

18. (a) Signature of funeral director

Cramer Calask

(b) Address

Kingston, Missouri19. (a) Aug 28, 1941
(Date received local registrar)(b) Mrs. Susan Bridgewater
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1941 hour 8:50 minutes 50 P. M.

21. I hereby certify that I attended the deceased from July 20th
1941, to August 25th, 1941.
 that I last saw her alive on August 25th, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
of Descending Colon
(Near Sigmoid Flexure)
 Due to Chronic Colitis

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy ✓

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ✓

(Specify type of place)

(c) Means of injury

23. Signature W. S. Skouse (M. D. or other)
 Address Kingston Date signed 8-26-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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Registrar's No. _____

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- (a) County **Caldwell**
(b) City or town **Kingston mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Maudie M. Harlow

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

F

5. Color or race **w**

6. (a) Single, widowed, married, divorced **w**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased

Feb. 6, 1868
(Month) (Day) (Year)

8. AGE:

Years **73**

Months **4**

Days **8**

If less than one day _____ hr. _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

11-21-41

(Date received local registrar)

(b) **Mrs. Vermae Bridgewater**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **North 6th St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____

year **1941**

hour _____

minute _____

M. _____

21. I hereby certify that I attended the deceased from _____

that I have seen him/her alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

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